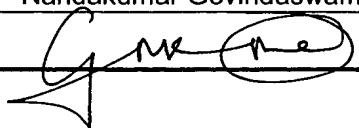


Please type a plus sign (+) inside this box 

PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. VPI/98-21 DIV US	
		First Inventor David Lauffer	
		Title N-Substituted Glycine Derivatives	
		Express Mail Label No. EV 317 172 881 US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 35] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
5. Oath or Declaration [Total Pages 3] a. <input type="checkbox"/> Newly executed (original or copy)		c. <input type="checkbox"/> Statements verifying identity of above copies	
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small>		ACCOMPANYING APPLICATIONS PARTS	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 10/039,896 Prior application information: Examiner Hong Liu Group / Art Unit: 1624 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		27916	
		or <input checked="" type="checkbox"/> Correspondence address below	
Name Nandakumar Govindaswamy Vertex Pharmaceuticals Incorporated			
Address 130 Waverly Street			
City Cambridge	State Massachusetts	Zip Code 02139-4242	
Country USA	Telephone (617) 444-6619	Fax (617) 444-6483	
Name (Print/Type) Nandakumar Govindaswamy		Registration No. (Attorney/Agent)	
Signature 		Ltd. Recognition	
		Date October 2, 2003	



11696 U.S. PTO

100203

PTO/SB/17 (11-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		Complete if Known		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	Not Yet Assigned	
		Filing Date	Herewith	
		First Named Inventor	David Lauffer	
		Examiner Name	Hong Liu	
		Group Art Unit	1624	
TOTAL AMOUNT OF PAYMENT (\$)		1,132.00	Attorney Docket No.	VPI/98-21 DIV US
METHOD OF PAYMENT (check all that apply)				
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div><input checked="" type="checkbox"/> Deposit Account</div></div> <div style="margin-top: 5px;">Deposit Account Number: 50-0725</div> <div style="margin-top: 5px;">Deposit Account Name: Vertex Pharmaceuticals</div> <p style="font-size: small;">The Commissioner is hereby authorized to: (check all that apply)</p> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div> <div><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</div> <div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</div>				

Docket No.: VPI/98-21 DIV US

Certificate Of Mailing Under 37 C.F.R. § 1.10

Express Mailing No. EV 317 172 881 US

Date of Deposit: October 2, 2003

I hereby certify that the following documents:

1. Utility Patent Application Transmittal (1 page);
2. Fee Transmittal Sheet (1 page, in duplicate);
3. Copy of Specification 35 pages (Desc. 26 pgs., claims 8 pgs., Abstract 1 pg);
4. Copy of executed Declaration Power of Attorney document (3 pages);
5. Information Disclosure Statement (in duplicate);
6. PTO-1449 Form (in duplicate); and
7. this return postcard receipt

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to the MS Patent APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Karen DiRocco
(type or printed name of person mailing document(s))


(signature of person mailing document(s))

